

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/868026

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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9						
10						
11						
12						
13	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	29	↓	↓	↓	↓	↓
TOTAL CLAIMS	32					

	°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						